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<p align="center">DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</p> <p> <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing or <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required) </p>	Attorney Docket No.	KEL01 P-139
	First Named Inventor	Donal O'Shea
	<i>COMPLETE IF KNOWN</i>	
	Application No.	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

Each Inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPOUNDS USEFUL AS PHOTODYNAMIC THERAPEUTIC AGENTS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

03/24/03

☒ was filed on (MM/DD/YY)

as United States Application No. or PCT International

Application No. PCT/EP03/03174

and was amended on (MM/DD/YY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
S2002/0209	Ireland	03/22/02	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet PTO/SB/02B attached hereto:

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Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner of Patents, P.O. Box 1450, Alexandria VA 22313-1450.

DECLARATION - Utility or Design Patent Application

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number

28101

OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer No.
or Bar Code Label

28101

OR ☐ Correspondence address below

Name					
Address					
City		State		ZIP	
Country		Telephone	616/975-5502	Fax	616/975-5505

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor.

Given Name	Donal	Middle Initial		Family Name	O'Shea	Suffix e.g., Jr.	
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Inventor's Signature		Date	
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Residence: City	Dublin	State		Country	Ireland	Citizenship	Irish
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Post Office Address	University College Dublin
Post Office Address	Belfield

City	Dublin	State		Zip	4	Country	Ireland
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Name of Second Inventor

☐ A petition has been filed for this unsigned inventor.

Given Name	John	Middle Initial		Family Name	Killoran	Suffix e.g., Jr.	
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Inventor's Signature		Date	
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Residence: City	Dublin	State		Country	Ireland	Citizenship	Irish
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Post Office Address	University College Dublin
Post Office Address	Belfield

City	Dublin	State		Zip	4	Country	Ireland
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☒ Additional inventors are being named on the 3rd supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name	William	Middle Initial		Family Name	Gallagher	Suffix e.g., Jr.			
Inventor's Signature							Date		
Residence: City		Dublin		State		Country	Ireland	Citizenship	Irish
Post Office Address		University College Dublin							
Post Office Address		Belfield							
City	Dublin	State		Zip	4	Country	Ireland		

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name		Middle Initial		Family Name		Suffix e.g., Jr.			
Inventor's Signature							Date		
Residence: City				State		Country		Citizenship	
Post Office Address									
Post Office Address									
City		State		Zip		Country			

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name		Middle Initial		Family Name		Suffix e.g., Jr.			
Inventor's Signature							Date		
Residence: City				State		Country		Citizenship	
Post Office Address									
Post Office Address									
City		State		Zip		Country			